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7590

09/08/2004

MEDLEN & CARROLL, LLP  
 Suite 350  
 101 Howard Street  
 San Francisco, CA 94105

12/13/2004 SDENB082 00000039 10087641

01 FC:2501 685.00 OP  
 02 FC:1504 300.00 OP  
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<i>ME. MAITE</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>12-7-04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,641	03/01/2002	Paul Barth Conrad	STRATA-06663	3731

TITLE OF INVENTION: SKIN SUBSTITUTES AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685.00	\$300	\$965	12/08/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAVIS, RUTH A	1651	424-093700			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MEDLEN &amp; CARROLL, LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STRATECH CORPORATION

MADISON, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1290 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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Authorized Signature [Signature]  
 Typed or printed name John Mitchell Jones

Date 12-7-04  
 Registration No. 44174

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